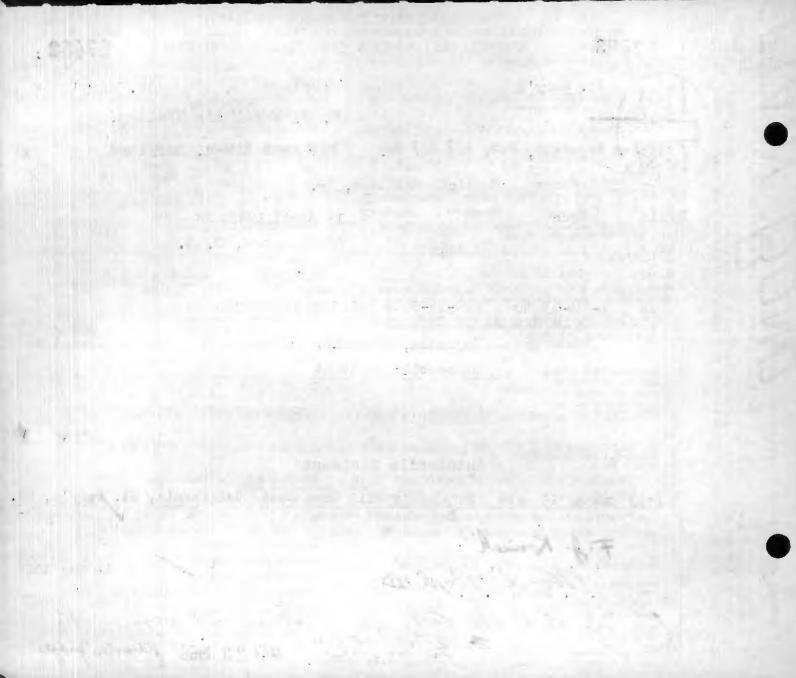
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funer and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE h COUNTY after ST. MARY S MARYLAND ST. MARY 8 MARYLAND Pages urs afte b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b by write RURAL and give nearest town) hours = RURAL HOLLYWOOD YRS. RURAL HOLLYWOOD bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET ADDRESS YES X NO _ within pletely Dog 3. NAME OF First Middle DATE Month Day Year Last DECEASED car (Type or print) DEATH HOWARD 19 BENJAMIN MAY 66 ADAMS ecuted 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 8. remove 7. MARRIED NEVER MARRIED birthday) Months ! Days Hours any and WIDOWED V DIVORCED WHITE = 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) INDUSTRY and FARMING FATHER'S NAME ST . MARY 'S COUNTY. physi certificate 0 removal, MOTHER'S MAIDEN NAME attending ph ermit. Then EDWIN ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) KATE DEAN 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. 0 death cremation, No FRANKLIN ADAMS NONE HOLLY WOOD. MARYLAND the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND DEATH à PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) signed burial-burial, DUE TO Conditions, If any, which (b) been gave rise to immediate また **DUE TO** cause (a), stating the underlying cause last. (c) 38 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. Health PERFORMED? certificate NO T YES 07 hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) of, OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work retained P 21. I certify that (I) (this hospital) attended the deceased from 19_ ___ that (I) (we) last DIRECTOR: XA M, from the causes and on the date stated above. and that death occurred at 3 show saw the deceased alive on 22a. SIGNATURE 22b. DATE SICNED é page . ATTENDING M.D. DIRECTOR PHYS PHYS HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) director. plnous TO h. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) 2 BURIAL 4.1966 ST. JOHNS CEMETERY HOLLYWOOD, MARYLAND REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 W. CLARKE MATTINGLEY VR A15 (4) LEGNARDTOWN. MARYLAND 20M 1/65

1,000 100 00000000 1 y . . T DARKERS THE TAKE THE TOTAL TITLES 0 0/ • = -374/ 10(10(44) # AG 2 5 TA Steamy Styles when the world outside, they are LATING YOUR TOWNS TOWNS TOWNS TOWNS TO THE PARTY CONTRACTOR OF THE PARTY CONTR

1	(M)	MARYLAND STATE DEF	PARTMENT OF HEALTH	MARYLAND
FOR S			CERTIFICATE OF DEATH	07482
HEALTH	DEPT.	1. PLACE OF DEATH a. COUNTY	2. PUSUAL RESIDENCE (Where deceased lived, If institution	
o	42	St. Mary's MARYLAND		Wary's
tuneral funeral may be	men	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUI	RAL and give nearast town)
5 the	epar ter (d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	14/18/Mathu/Kik/Stakhdy	-()
Se to	State Department hours after death.	D.O.H.	d. STREET ADDRESS 627 N. Jackson S	ON A FARWIT
y delay and 3 13. Pa		Station Hospital, NAS, PAX RIV MD.	Lest 4. DATE Month	Day Year
2, and PM3.	the 72	(Type or print) James Maurice ANDERSON,	Jr. DEATH May	14 19 66
	2 with within			DED 1 VEAD HELLMAND DA LIBE
Pages h for	d 2 it w	Maje Cauc WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 100. Kind OF BUSINESS OR	14 April 1942 24 yrs.	
120	1 and event	during most of working lifa, even if ratired) INDUSTRY	Washington D C	COUNTRY?
1	pages in any	LT(je) USNR	14. MOTHER'S MAIDEN NAME	USA
hours em 18	eg.u	James Maurice ANDERSON	ELISABETH HANSEL	
24 h n Ite Office	File, and	(Yes, no. or sinkown) (If you nive war or dates of sevelon)	INFORMANT Address	
within pencil i niner's	permit, removal,		litary Records	
	ren	18. CAUSE OF DEATH derivar built on a cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN
be executed pending" in dedical Exan	cremation, or	MMEDIATE CAUSE (a) Injuries, MULTI	PLE, EXTREME	Immediate_
ndin dica	al-tr	Conditions, If any, which DUE TO Automobile Accid	dent	
	buri	geve risa to immediate cause (e), stating the DUE TO		
should be execut word "pending": Chief Medical E	ial.	underlying couse lest.) (c)	SERVICE CONTROL DISCONDINATION OF THE PROPERTY	(e) 119. WAS AUZOPSY
the the	used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY IT OF CONTRIBUTING AUGUST AUGUST OF DEATH.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
ting ed to	rior	20b. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING AUTOMOBILE ACCI	RRED. (Enter nature of Injury In Part or Part of Item	18.)
his c	nt, p		an or things the same to the same	(County) (State)
XAMINER: This certificate should certificate, writing the word "build be forwarded to the Chief P	d agent, p	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while 1:55 xxxxx May 14 1966 at work Mill	ry, street, office bldg., etc.) Cove Road California, St	
AMI	CTOR: Page designated	21. I certify that I took charge of the remains described above, held		, and in my opinion
9 45 to	RECTOR:	death resulted from: Natural causes , Accident X, Suit	cide . Homicide , Undetermined mann	ner
ite u	15 E	ACTUAL SIGNATURE F. J. KOLICEK, LT MC USNR	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
execute Page		all's Ale Dus	DEPUTY MEDICAL EXAMINER	14 May 1966
DEPUT please e director.	FUNERAL Health	EXAMINER'S NAME (Type) W. D. BOYD, M. D.	Address (Street, city, town, or county)NASPA	
DEPUTY MED please execut director. Page	OF E	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or	county) (State)
-	1-	24. FUNERAL DIRECTOR		RAR'S SIGNATURE
VR AI	SME (5) 1/65	W.W. Chambers Co To Trade, D.	C. DAMAY 23 1966 gcha	res judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY St. Mary's Maryland deoth. MARYLAND Department CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town Rural Abell mell d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office olong with form hours ote YES NO A be executed within 24 hours ofter death. 3. NAME OF Middle First Last 4 DATE Manth \$ Day Year DECEASED OF DEATH Fales Laurence Auers May within (Type or print) 9. AGE (In years with S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED IF UNDER birthday) Manths Hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Transit Operator (Retired New York pending" in pencil in ef Medical Examiner's pencil 14 MOTHER'S MAIDEN NAME Harry AXXX Avers Laurie Fales puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no pr unknown) (If yes give wor or dates of service removol, Mrs Laurence F. Avers Same as # 2 above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH / 10 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse 0 lost buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION he certificote. YES NO 0 pe 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) plnods PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Not While at work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection / Inquiry 🖊 and in my opinion deoth resulted from: Natural causes Accident Suicide 1 Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** William D. Bound M.D. NAME (Type) Address (Street, city, tawn, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Manassas, Virginia Burial 250. REC D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Everly-Whe atley 6M 1/66 Alexandria Va

ABOTO THE WILLIAM TO THE SHOULD HAVE TO SEE State of the state Made lead Salt. Antenna Like to the same white star 14 2190 B A Company of the Comp og tekn Mole yetel the state of the s Litter of Codings. -- 1/1 or -- 1/1 -- 1/1 He last MAT 21 1915 Charles

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY after after St. Mary 's Charles the Maryland MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Bryan town Leonardtown .Ε papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE 2 ON A FARM? E St. Mary's Hospital YES X NO Rural within ely Sith in NAME OF Middle Last Month 4. DATE Day Year DECEASED A is (Type or print) Buckler Donna Lorraine DEATH Mav 19 mover com executed 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days Hours Female White WIDOWED [DIVORCED [May 28 1966 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? certificate none t. Marys Co. TISA Maryland ᆲ 13. FATHER'S NAME attending phy rmit. Then p n, or removal, James Martin Buckler Erma Jane Ralev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Mother Bryan town Maryland 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been > he buria. DHE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES 5 this ceru-detached fr 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work U the 21. I certify that (I) (this hospital) attended the deceased from 19 _. to_ . 19 ____ that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on. _M, from the causes and on the date stated above. and that death occurred at_ 22a. SIGNATURE DATE SIGNED 22b. MED. PHYS. DIRECTOR PHYS. director, pr PHYSICIAN'S FUNERAL 22c. ADDRESS NAME (Type) William C.Mulford Mechanicsville Maryland BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Faith Cemetery 258, REC'D BY REGISTRAR 24. eonardtown VR A15 (4) Leonardtown, Maryland Robinson 20M 1/65

- (mlo/pirdle Self of the Partie of the last ALL CUIN VANCE OF Artes were desired

again do ar the first of THE COMMENT OF STREET Marine and the contract of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07486 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) St. Mary's g STATE Maryland 3 to Page ä death. MARYLAND deloy i Department c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CTY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN 16 and write RuRAL and a ve nearest town) after Bushwood Leonardtown d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? hours fice olong with farm YES X NO Am 18 Give Poges St. Mary's Hospital ote hours after death 3 NAME OF Middle 4 DATE e Sto First Last Manth Year DECEASED 0F within XXXXXXX BAMOHT HARRY DRURY May 1966 (Type or print) DEATH with S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED DEC. 14, 1911 ond2 Male White event 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in ony MARYLAND U.S.A pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME he executed with реп PHILIP C. DRURY puo MARY LUCINDA Φ BALLEY 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address perm.t. pending" (Yes, na, ar unknown) lift yes give war or dates at service) removal 577-16-6489 MARY B. DRURY BUSHWOOD, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN transit ONSET AND DEATH IMMEDIATE CAUSE (a) Contact gunshot wound of left chest ō This certificate should writing the word burial, cremation, DUE TO buriof Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse D forwarded 0.5 last nsed PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? pleose execute the certificate, NO XIX YES ogent, prior to pe 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of item 18.) phods 4 should AL EXAMINER: CAUSE OF DEATH Shot self with shotgun in left chest 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be retained for your Hour a.m While Not While FUNERAL DIRECTOR: Page not While **ス/**ス of work Home Bushwood, St. Mary's Md designoted 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🛣 Inquiry ond in my opinian deoth resulted from: Naturol causes Accident Suicide XX Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER KX SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5/5/66 Rudiger Breitenecker, M.D. 5 may k 70 FUNER Health Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 23d LOCATION (City or Town) (County) (Stota) BURIAL (Specify) MAY 9, 1966 SACRED HEART CHURCH CEM. Вивниоор. MARYLAND 25b REGISTRAR'S SIGNATURI 2Sq RECD BY REGISTRAR 24 FUNERAL DIRECTOR ocharten VR ATSME (5 W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND 1966 6M 1/66



1 1	1	Items 13220 Film G376 5 MARYLANDISTATE DE	EPARTMENT OF HEALTH	AND 0-00-
		Division of STATISTICAL RESEARCH AND RECORDS, 30		AND 21201
FOR STATE		07898 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07487
HEALTH DEPT.		PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceosed lived, if institute	
d 3 to . Poge . Poge nent af death.		ST. MARY S MARYLAND	o. STATE 6. COUN	ST. MARY S
delay and 3 13. Pog ment r deat		b CITY OR TOWN (f outside corporate , mits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RUF	(AL and give nearest town)
ony dela n PM3. P Departments after de		LEONARDTOWN D.O.A.	ORAVILLE, MECHANICSVIL	
Dep Trs a		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS	9 S RESIDENCE ON A FARM?
offer deoth If Juy delay 8. Give Pages 1, 2, and 3 along with form PM3. Pages the begard with the State Department of the Manual		ST. MARY'S HOSPITAL		YES NO [
ofter deoth 3. Give Page along with f	3.	NAME OF First Middle DECEASED	Lost 4. DATE Mont	
rer og ve ng v h th	-	(Type or print) MI CHAEL ANTHONY SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	ERSKINE DEATH MAY 8 DATE OF BIRTH 9 AGE (in years	3 19 66 I JE UNDER I YEAR IF UNDER 24 HR
9 9 5	Ι.	MATER MARKED XX	Appet & 1961 logs birthday)	Months Days Hours Min.
hours Office Central	100	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	11 B RTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
24 h in Ite r's Ol	dur	ing most of working life, even if retired) INDUSTRY	MARYLAND	COLINITARY
nul in nul in niner's pages I	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	UADANA
d within in penal Exomine File page		DARRELL E. ERSKINE	MARGIE MARIE BALDW	IN
ed in	15	se no acunknount life use come war as dates of conucet	INFORMANT Addre	223
ing' ing' edicc	L'.	DA	RRELL E. EASKINE MECHAN	ICSVILLE, MD.
be executed within "pending" in pencil intermine Medical Examine ansi permit File page or removol, and in a		PART I DEATH WAS CAUSED BY	. (5.)	INTERVAL BETWEEN
thie chie		.MMEDIATE CAUSE (0) 17 WULLING CONTRACTOR	yures (Derete)	13/8/19
e should the word to the Ch burial-tra ematian,		Conditions if only, which gove) By Fractures of bot	th femurs and left arm	
he he to 1		use to immediate couse (a), Duf 10		
INER: This certificate should be executed within 24 se certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-trans' permit file pages int, prior to burial, crematian, or removal, and in any		lost. Laceration rt skull internal	side scalp-puncture woun	d left
warr warr sed uriol	is is	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED?
his cate, a for e for to be us				LEZ WO D
The lifted of the lifted of the lifted of the liften of th	CERTIF CAT		(Enter nature of injury in Port or Port II of item .8)	
MINER: This in the certificate, 4 should be four files. 3 should be use 3 should be use 3 should be use 1 sho	3 T	CAUSE OF DEATH Child struck whi	ile crossing Highway 235	
AMINER: The certification of t	MEDICAL		ACE OF INJURY (Home, form, 20f (City or town) The street office bidg, etc.) Oraville	(County) (Stote)
EXAMINER: ute the certifuge 4 should your files. Poge 3 shoul	_			
s d o e =		21 I certify that I taok charge of the remains described above, he death resulted fram: Natural causes , Accident , Suice		ury and in my apinic
META leose directo atoined DIRECTO		death resulted from: Adjoint couses [1, Accident [2], Suit	cide [_], Hamicide [_], Undetermined mi	anner [_]
Me pleo director DIR ds d		SIGNATURE WH FOTTINGS	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
ury, pry, peral be be cRAL		FXAMINER'S	ASS DEPUTY MEDICAL EXAMINER	5-4.66
o DEPUTY MESTAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	-	NAME (Type) W.H. PATRICK M.D	Address (Street, city, town, or county)	
The Her	230	BURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR REMOVAL (Specify)		
M	2/	BURIAL MAY 6, 1966 MT ZION CEME	ZSO PEG B BY REGISTRAR 256 PE	OVE MARYLAND DISTARS SENATURE
VR AISME (5)		CLARKE MATTINGLEY LEGNARITOWN MARVIA	ND NAMAY 6 1966 8	CITRAR'S SIGNATURE

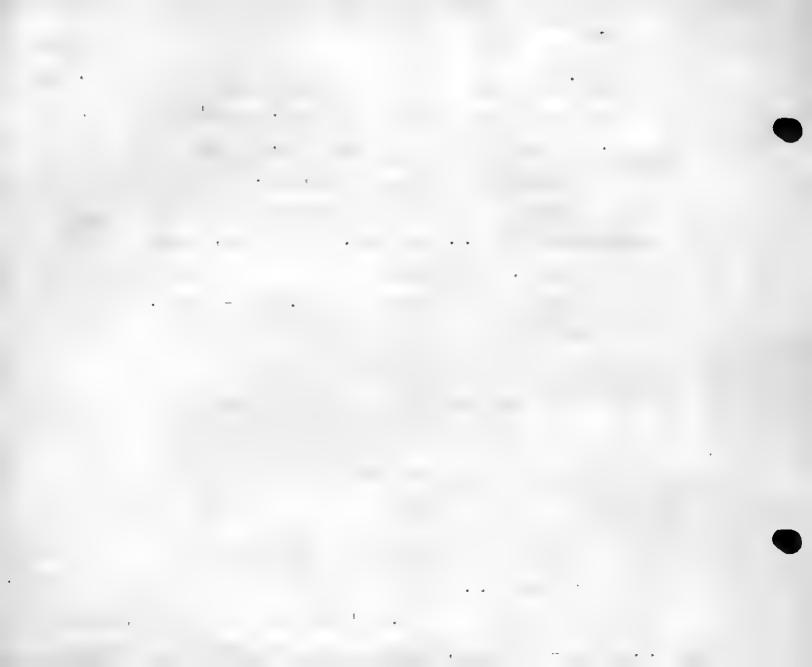


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after the 1 ST. MARY 8 ST. NARY 8 MARYLAND MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 3 LEGNARDTOWN Ξ DAY LEGNARDTOWN IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET AOORESS within 72 24 ST. MARY'S HOSPITAL YES NO S etely within ppletely carbon 3. NAME OF First Middle DATE Day Year Last 4. Month **OECEASED** DEATH MAY (Type or print) CHARLES BENEDICT GREËNWELL MAY 12 1966
AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. executed 5. SEX 6 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO X NEVER MARRIED last birthday) | Months | Days Min. Hours WHITE MIDOWEO DIVORCEO MALE JAN. 1898 10. 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT .= 11. BIRTHPLACE (County & State, or foreign country) physician lease and in death certificate be during most of working life, even if retired) COUNTRY? INCUSTRY ST MARY MEDLEY'S NECK. MARYLAND U. S. A. COUNTY CLERK OF THE COURT 8 70 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova CHARLES BENEDICT GREENWELL ANNA ABELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) FLORENCE D. GREENWELL SAME AS # ABOVE the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit bullial, cramat The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hospital or attending physician. hours ■igne OUE TO blen lig Conditions, If any, which gave rise to immediate T the DUE TO cause (a), stating the prior underlying cause last, (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONCITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OIS EASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY use Health PERFORMEO? certificate NO [YES T Ь ATTENDING PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 12 MEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work After be p.m. 19 at work retained P 21. I certify that (I) (this hospital) attended the deceased from 19 .. to 19. that (I) (we) last age 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at. SIGNATUR 22b. OATE SIGNED 222. e 8 ATTENDING PHYS.

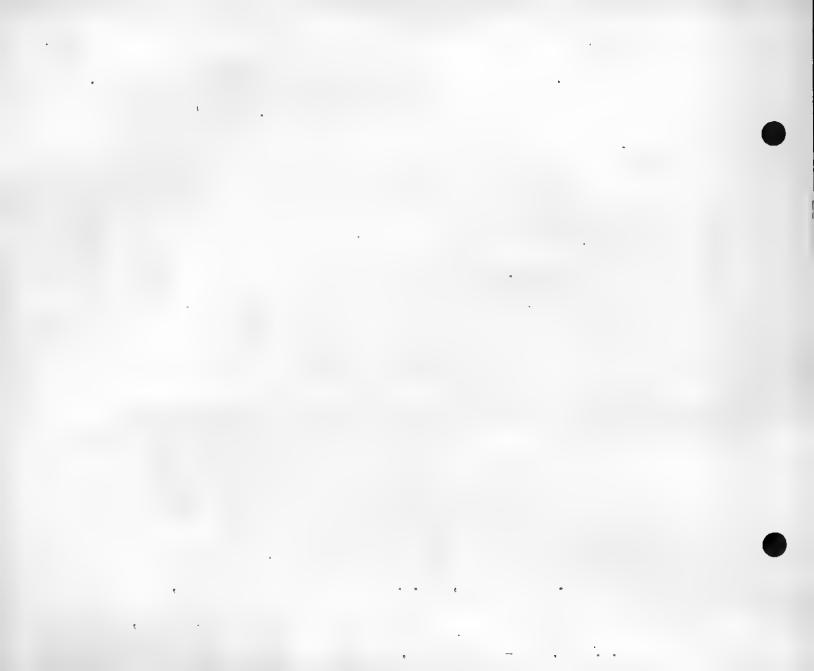
22d. AOORESS STAFF filed MED. page **GIRECTOR** PHYS Page 4 may O HOSPITAL TUTTE 22c. PHYSICIAN'S should be NAME (Type) director, JOHN F. FENWICK M. D. LEONARDTOWN. 23C. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF (State) REMOVAL (Specify) MAY 14,1966 LADY & CHAPEL BURIAL MEDLEY 6 NECK REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR ADDRESS VR A15 (4) CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND 20M 1/65

1, J 1 . t, e 1 1

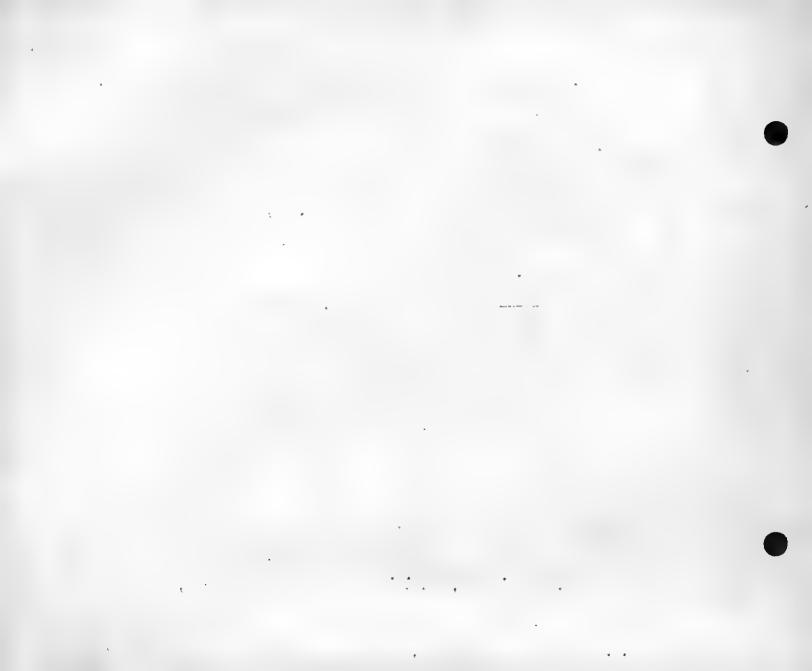
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN				
FOR STATE		10	27495 MEDICAL EXAMINER'S CERTIFICATI	
HEALT	TH DEPT		PLACE OF DEATH 2. USUAL RESIDENC	E (Where deceased lived, If Institution: Residence before admission)
	100	1	a. COUNTY St. Marys MARYLAND 3. STATE Mar	ryland b. COUNTY St. Marys
elay is necessary, and 3 to the funeral Page 5 may be	「最高」	n	man rento	outside corporate limits, write RURAL and give nearest town)
Cess fun	E 2			ement's Shores (Leonardtown _
St the state of th	Depar after		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3 to	State hours	49	St. Marvs Hospital Rt.#2	Box 67 YES NO T
de de de	\$ E		NAME DF First Middle Last DECEASED	4. DATE Month Day Year
any 2, 2	the 72		(Type or print) BERNARD FRANK HEARD, Sr.	DEATH MAY 7 1966
# T E	and 2 with event within	all the same	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Oays Hours Min.
age.	~3	7	male white WIDOWEO OIVORCEO 9/16/1894	71 yrs.
8 e e	and		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Sing most of working life, even if retired) INOUSTRY	tate or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Give	s 1		Retired Police D.C. Police Dept. Leonardt	town, Maryland USA
18.08	pages 1 In any		FATHER'S NAME 14. MOTHER'S MAID	EN NAME
hou tem	File p		James A. Heard (dec)	Susan Pope (dec)
24 iii	Ξ.6		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORM	Address
thin	permit. removal	1	y	
J Wi	re De		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OFATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND OFATH
in the second	a burial-transit cremation, or		PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	30 mm.
ding	tion figure		420/ OUE TO Conditions, if any, which \	
be ded	uria		gave rise to immediate	
	, c p		cause (a), stating the OUE TO underlying cause last.	
S PC	3 9		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL C	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
cate the	used as a		None	YES NO
EXAMINER. This certificate should be executed within 24 hours after death. If any del secrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and mould be forwarded to the Chief Medical Faminer's Office along with form PM3.	ld be i	Ç	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of	injury in Part I or Part II of Item 18.)
S Ce	물론		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
This results	3 should agent, p		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, factory, street, office bldg., e	orm, 20f. (City or town) (County) (State)
IER:	က ကို		Hour s.m. While Not While at work at work	
E LETE	Pag nate		21. I certify that I took charge of the remains described above, held an Autopsy,	Inspection Inquiry I, and in my opinion
Examile the certification of t	your files. DIRECTOR: Page		death resulted from: Natural causes X, Accident , Suicide , Homlei	
400			CHIEF MEDICAL	AN DAYE BLOWER
Y MEDIS			SIGNATURE	DICAL EXAMINER ZZ. DATE SIGNED
F 20	the same of	,et	EXAMINER'S // 3	t, city, town, or county) LEXINGTON PARK, MD.
O DEPUTY MEDI	retained fo O FUNERAL of Health o	24	NAME (Type) WH PATRICK M.D. Address (Stree BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
000	o de la companya de l		REMOVAL (Specify)	Lannardtown Maryland
-	par.	0	FUMERALD CLOCK ADDRESS 25a. RE	Leonard town, Maryland C'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R A15ME 4	201	B. Robinson - Leonardtown Maryland DATE	MAY 10 1966 Johnson Judge
3:	500 4-64 🔻	00	A A A STATE OF THE PROPERTY OF	The same of the same of the same



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY filled in by the fundamental papers. Pages 1 hin 72 hours after (hours after St. Marys Maryland St. Marys MARYLAND b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Leonardtown St. George's Island d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? and completely fille remove carbon paper any event, within 7 St. Marys Nurseing Home NO X Rural YES executed within 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED SADIE MARIA (Type or print) HENDERSON DEATH 1966 May 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Days | Hours | Min. 9. 7. MARRIED NEVER MARRIED and (female white WIDOWED DIVORCED 1875 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT has been signed by the attending physician as the burial-transit permit. Then places prior to burial, cremation, or removal, much PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. COUNTRY? Housewife Domestic Maryland USA 13. FATHER'S NAME MDTHER'S MAIDEN NAME Joseph F. Robrecht
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIA Twilley dec 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) same as #2 Lawrence Henderson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if env. which (b) gave rise to immediate DUE TO stating underlying cause last. CERTIFICATION r this certificate has detached for use a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. YES [NO 🔯 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INDICATE OF INTERPRETATION OF INJURY IN PORT I OF Part II of Item 18.) OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) director, page 3 should be de should be filed with the State factory, street, office bldg., etc.) Hour a.m. While Not While at work OR ATTENDING R p.m. 21. I certify that (I) (this hospital) attended the deceased from 1950, to May 1966 that (1) and that death occurred at 2. A. from the causes and on the date stated above. 1066 saw the depeased affive on 22a. SIGNATURE DATE SIGNED STAFF Page 4 may b PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICAN (Type) Roy Guyther Mechanicsville, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 23c. REMOVAL (Specify) Wesley Chapel Cemetery | Rock Burial FUNERAL DIBLET VR A15 (4) Leonard town. Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) h. COUNTY after eginpletely filled in by the 1 we carbon papers. Pages 1 event, within 72 hours after St. Marys
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Leonardtown Mechanicsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 YES St. Marys Hospital NO Y executed within NAME OF 3. Middie DATE Month First Last DECEASED (Type or print) HERBERT DEATH CHARLES PAUL 19 May 5. SEX 6. COLOR OR RACE 7, MARRIED Y NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthday) | Months | in any Days Hours WIDOWED [DIVORCED TO male 18 1870 95 yrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY nding physician Then please removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be during most of working life, even if retired) COUNTRY? Retired Merchant USA General Store Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FUNERAL DIRECTOR: After this certificate has been signed by the attending pt irector, page 3 should be detached for use as the burial-transit permit. Then nould be filed with the State Dept. of Health prior to burial, cremation, or remova George W. Herbert Susan Higgs dec dec. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) Mrs. Eliza Davis n0same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO Y 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) **EDICAL** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While be retained by OR ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased_from saw the deceased alive on .M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING lirector, page should be filed TO Hosers M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S L. Mossmon Guyther. David NAME (Type) Rov Mechanicsville, Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Charlotte Hall, Maryland All Faith Cemetery Burial 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Robinson - Leonardtown, Maryland 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY the 1 **b. COUNTY** a. STATE St. Marys Marys Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag write RURAL and give nearest town) oon papers. Pag within 72 hours .⊑ Clements Clements d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) filled a. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO X Rural Rural YES completely executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED event, (Type or print) DEATH 19 66 HURRY AGNES May 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED TY DIVORCED October 1. 1887 female 78 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) COUNTRY? Housewafe domestic Maryland MOTHER'S MAIDEN NAME USA that the death certificate 13. FATHER'S NAME 듄 гетота attending parmit. Then Elizabeth Cecil William 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or unknwn) ((If yes give war or dates of service) John no - same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that til Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUF TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) CAL (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the decreased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles Greenwell. Leonardtown. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Smalfy) St. Joseph Cemetery Burie Morganza, Maryland REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DI 25a. VR A15 (4) Leonardtown, Maryland Robinson 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Maryland St. Marva St. Marys MARYI ANO Department after death. the funeral 5 may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 16 Leonardtown Valley Lee d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS delay is and 3 to 1 State hours HERRING CREEK RED Rural YES NO X NAME OF Middle Lost 4. OATE Month DECEASED DEATH (Type or print) 28 19 BENEDICT MAYOR May RICHARD 6. COLOR OR RACE | 7. MARRIED T 5. SEX 8. OATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIEO lest birthdey) | Months | Oays Hours WICOWED [OIVORCED ! mele white WI

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) white 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY USA Maryland US Navv Machanic pages in any 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME should be executed within 24 hours word "pending" in pencil in Item 18 Chief Medical Examiner's Office al Myrtle E. Ridgell Joseph Leonard Mayor ᆲ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Regina E. Mayor - same as # 2 212 30 3904 INTERVAL BETWE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEA PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating the underlying cause lest, used as to burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMEO? YES T NO T 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) me Bow bout 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) MEDICAL TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) While et work at work allen Las Kreeke 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, and in my opinion Inquiry Undetermined manner Suicide Homicide death resulted from: Natural causes Accident X 1. CHIEF MEDICAL EXAMINER YOUR 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 5/28/66 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** director, retained Leonardtownowharpland Wm. D. Boyd. NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 0 Great Mills, Maryland Holy Face Cemetery 258. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15ME Robinson - Leonardtown, Maryland Charley 3500 4-64



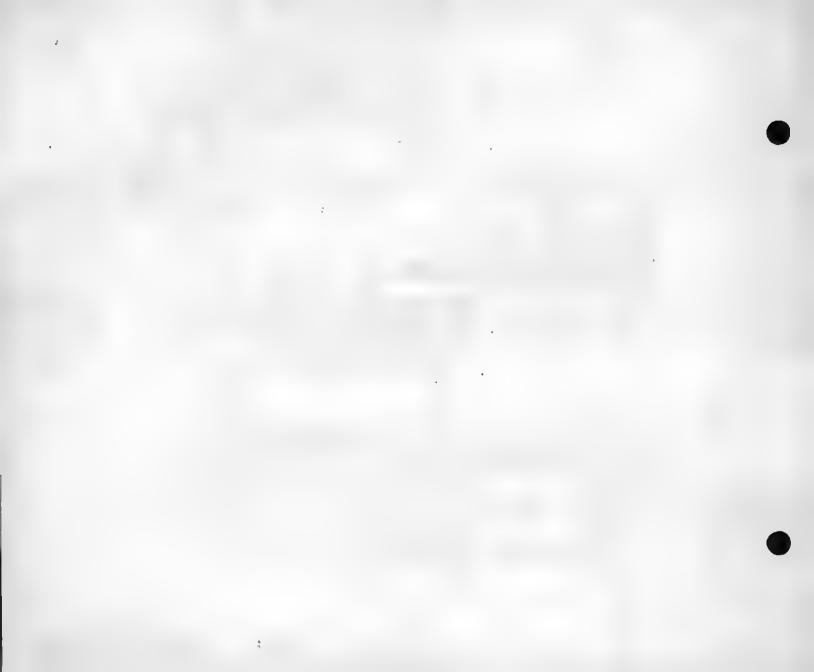
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY rbon papers. Pages 1 strong within 72 hours after d ST. MARY ST. MARY S MARYLAND MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 10 YRS. HOLLY WOOD HOLLYWOOD e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Box 206 A YES NO X RT. 1 Box 206 A etely carbon NAME DE DATE Month Day Year First Middle Last 4. DECEASED any event, (Type or print) DEATH 豆 19 66 JEAN WILLIAMSON NALLEY AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 6. GOLOR OR RAGE remove 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours FEB. 12,1907 WIDOWED F OLYORCEO [CAUCABIAN Ξ 10a, USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) INDUSTRY GOUNTRY? þe and U.S.A. SCHOOL TEACHER ARIZONA death certificate ed by the attending physi-transit permit. Then ple , cramation, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME JOHN WILLIAMBON ANNABELLX NORTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) No SAME AS # 2 ABOVE JOSEPH C. NALLEY INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the al-transit PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) signed | burial-t burial, OUE TO Cenditions, If any, which peen gave rise to immediate 유유 DUE TO cause (a), stating the prior 1 underlying cause last. (c) as CERTIFICATION 19. WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL OIR EASE GONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO [YES PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESGRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) State [Hour a.m. While at work Not While at work After ATTENDING þe 19 D.M. 0 the 21. I certify that (I) (this hospital) attended the decrased from that (I) (we) last DIRECTOR: age 3 should lied with the saw the deceased alive on and that death occurred at 4 M. from the causes and on the date stated above. 22b. OATE SIGNED 22a. SIGNATURE page ATTENDING MED. DIRECTOR may TO FUNERAL I director, pag should be fill TO HOSPITAL PHYSICIAN'S ADORESS 22c. NAME (Type) PATRICK JARBOE M. GREAT MILLB. MARYLAND 23c/ NAME OF GEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) VIRGINIA **ARLINGTON** BURIAL . 1966 ARLINGTON NATIONAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR W.CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND VR A15 (4) 20M 1/65

X.14

X.14

X.14

1 😾	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= = 0.4	07504 CERTIFICATE OF DEATH
after death.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE D. COUNTY
after the fa	St Mary's MARYLAND STATE MAY
2 2 c 5	b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
- T C	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give storet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	· YES X NO
	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) JOHN VIVIAN NORRI & DEATH MANY 6 19 66
comple event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) FUNDER 1 YEAR FUNDER 24 HRS
executed ann com	WIDOWED DIVORCED 1/ec3 //04 / yrs.
be iclar	10a. USUAL OCCUPATION (GIVe kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRT/PLACE (County & State, or foreign country) 11. BIRT/PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate be ex physician on please re oval, and in a	13. FATHER'S NAME
certifica ding pl Then remova	15. WAS DECEASED EVER INU.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address
death certificate he attending physi permit. Then ple tion, or removal, a	15. WAS DECEASED EVER IN U.S. ARMED FÜRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 220-27-57/8 Tenice Nervis Ireat Wills No.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),)
res that the physician. signed by th burial-transit burial, cremat	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PENNAULAS AND PART II DEATH MASS CAUSED BY: IMMEDIATE CAUSE (a)
res th physic n signe burial-	Conditions, if any, which) DUE TO My and and surfament men
law requires that i attending physician has been signed the e as the burial-tran h prior to burial, cre	gave rise to immediate cause (a), stating the DUE TO
law recattendir has be as th	underlying cause last. (c)
The Lor at or at cate I use saith	PERFORMED? YES NO 1
ATTENDING PHYSICIAM: The law requires that the retained by the hospital or attending physician. GTOR: After this certificate has been signed by it should be detached for use as the burial-transit with the State Dept. of Health prior to burial, cremanicial to the state of the st	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 19. WAS AUTOPSY PERFORMED? YES NO OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
rysic e hos his c rtache Dept.	
oing Ph of by th After t d be de d State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED LANGE OF INJURY (Home, farm, factory, street, office bidg., etc.) County Co
TTEND!) etained store. Af	21. I certify that (I) (this housile) attended the deceased from
OR ATTENDI be retained JRECTOR: A ge 3 should	saw the deceased alive on 19 4, and that death occurred at 12 M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
DIR DIR IL OR	MED. STAFF DIRECTOR DIRECTOR PHYS. DISTAFF
SPITAL 4 may IERAL I ior, pag d be fill	22c. PHYSICIALS NAME (Type)
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5-5-0	24. FUNERAL BIRECTOR ADDRESS ADDRESS 25a, REC'D BY REGISTRARY SIGNATURE
VR A15 (4)	VV. Clarke Mattimiles Leamond town Nove MAY 10 1966 golianles Judge
15M 4-64	



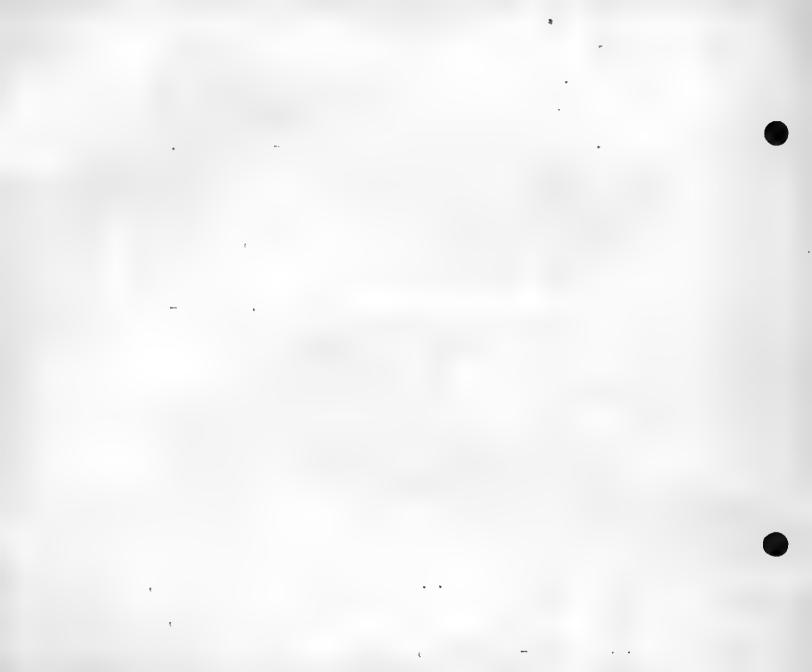
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. death. and PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) **b. CDUNTY** by the fu ST. MARY'S ST. MARY 8 MARYLAND MARYLAND af. b. CITY OR TOWN (If outside corporate Ilmits. c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL end give nearest town) papers. res write RURAL and give nearest town) LEO NA RDYBWN DAYE ST. GEORGE BLAND = d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) filled ON A FARM? within ST. MARY S HOSPITAL YES NO Z death certificate be executed within completely carbon NAME OF DATE Month Dav Year 3. First Middle Last 4. DECEASED DF DEATH 19 66 (Type or print) EDGAR PEARSON LEWIS SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDDWED Y MALE WHITE DIVDRCED JULY 26.1882 12. CITIZEN DF WHAT 10a, USUAL DCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) physician an please the val. and in 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY CDUNTRY? WATERMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy ermit. Then p n, or removal, GEORGE T. PEARBON EMMA JANE BRAWBLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITYND. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) ((If yes give war or dates of service) H.RALPH PEARSON 232 ARAPRAHOE DRIVE INTERVAL BETWEEN DNSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). FOREST HEIGHTS. MD. The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 10 mm IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) WAS AUTDPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health 1 PERFORMED? certificate NO F PHYSICIAN: 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING I detached file Dept. of DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While at work After Id be d 19 at work p.m. retained ____, that (I) (we) last hould h the . to 19 21. I certify that (I) (this hospital) attended the deceased from . 19 DIRECTOR: age 3 should iled with the .M. from the causes and on the date stated above. and that death occurred at. saw the deceased alive or DATE SIGNED SINATURE 22b. ě director, page 3 should be filed w ATTENDING -DIRECTOR 4 шау FUNERAL HOSPITAL 22d. ADDRESS 22c. PHY DICIAN'S NWI CK EONARDTOWN. MARYLAND NAME (Type) 后对其为某义的对某人国家义民的表示某业务会的 23b. DATE THEREDA NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 2 May 6.1966 ST. GEORGE ISLAND. BURIAL ST.GEORGE IBLAND M.E. MARYLAND 25b. 25a. REC'D BY REGISTRAR! REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 1966 VR AIS (4) W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND 20M 1/65

J 1 7

	1 (00)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E 80E	C7503 CERTIFICATE OF DEATH 07497
	funeral 1 and 2 1 death.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY
	fter the ss	ST. MARY 5 MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ARK HALL: C. AMONTHS
•	24 hou filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \[\begin{array}{c} \text{NOW A FARM?} \text{YES } \end{array}
	ithin etely bon with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
	nmple car	(Type or print) CATHERINE ELIZABETH PURNELL BEATH MAY 6, 1966
	nd commove	FEMALE COLORED NEVER MARRIED NEVER MARRIED SEPT - 28, 1886 Spr. Jast birthday) Norths Days Hours Min
	itan a se re d in	10a. USUAL OCCUPATION (Give kind of work done done in the country) 12. CITIZEN OF WHAT during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Country & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
	ate be hysicia please II, and	HOUSE WIFE MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certifica nding pt Then remova	
	endii endii it. T	CHARLES BUTLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((fryes give war or dates of service)
	Jeath c e attend permit. ion, or r	GEORGE S. PURNELL SCOTLAND, MARYLAND
	The law requires that the death certificate be executed within or attending physician. cate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please remove carbon peatth prior to burial, cremation, or removal, and in any eyent, within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	res the physic signe burial-d burial-d	Conditions, if any, which) Due To September 1 day,
	aw requir tending is as been as the b prior to b	gave rise to immediate cause (a), stating the underlying cause last. DUE TO PASSURE ulcarations WR
	e law r atter te has tse as Ith pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPST PERFORMED?
	N: The I tal or al ifficate for use Health	202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW THURY OCCURRED. (Enter nature of injury in Part I or Part II or Part I
	PHYSICIAN the hospita this certif detached fi te Dept. of F	
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL ORECTOR. After this certificate has been signed by the director, page 3 should be detached for use as the burial-fransit should be filed with the State Dept. of Health prior to burial, cremate should be filed with the State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Phour a.m. While at work a
		21. I certify that (I) (this hospital) attentied the deceased from 11 (, 19 33, to 5 6 , 19 66, that (I) (mp) la
	r eta reta 3 sho with	saw the deceased alive on 19 and that death occurred at 8 2M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	M.D. PHYS. DIRECTOR STAFF PHYS. 1 22d. ADDRESS
	A made of the property of the	220. PHYSIOTAN'S NAME (Type) J. PARTICK JARBOE M. D. GREAT MILLS, MARYLAND
	Page 4 mison FUNERAL director, pshould be	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	55 50 50	BURIAL MAY 10. 1966 ST. LUKES CEMETERY SCOTI AND MARY 10. 1966 ST. L
	VR A15 (4)	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE MAY 10 1966 Acharles Judge
	20M 1/65	1 1 0



V	1 ,		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
J.	-6.4	7	CERTIFICATE OF DEATH		
	death.	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiration)		
	after death. the funeral ges 1 aper 2 after death.		a. COUNTY a. STATE b. COUNTY		
	after of the funder of after of	-	St. Marys Maryland Tennessee Shelby		
	irs afte by the Pages iurs afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)		
	hours d in by rs. Pa 2 hours		Leonardtown Memphis //		
	24 ht filled papers in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIOENCE DN A FARM?		
	fille pape in 7	110	St. Marys Hospital 1508- Madison Ave.		
	completely filled in by ve carbon papers. Pag event, within 72 hours		3. NAME OF FIRST Middle Last 4. DATE Month Oay Year DECEASED OF		
	2 5 F T	- 1	(Date or print) JOHN EDMUND RICHARDS DEATH May 26 19 66		
	cuted wi		5. SEE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (16 years Funder 1 year Funder 24 Hrs. last birthday) Months Days Hours Min.		
	te be execute ysican and co please remove , and in any ev		white WIDOWED DIVORCED 10/8/1925 40 yrs. Hours Min.		
	= =		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT		
	S S S				
	certificate nding physic Then plea		Salesman Mobile Homes Memphis Tennessee USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
	certificat Iding phy Then p removal,		T W 74 - D: 1 - 2 / 2 / 3		
	ren Til		James Walter Richards (dec) Catherine Mette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
	ath certific attending permit. Then in, or remov		(Yes, no, or unkown) ((Ifyes give war or dates of service)		
	death ne atter permit tion, or		Yes WW 2 Catherine M. Richards - same as # 2		
	tille n. by th insit		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). I INTERVAL BETWEEN ONSET AND DEATH		
	at the lan. d b d b ran.		PART I. DEATH WAS CAUSED BY: Spalm Jackson . Which		
	that /siciar gned ial-tra ial, cr		58// DUE TO 4/		
	phy phy si si bur bur		gave rise to immediate (b) flerm all circles.		
	ing ing beer to		cause (a), stating the DUE TO		
	lam remuires attending phys has been sig as the buris prior to buris		underlying cause last. (c)		
	PHYSICIAN: The lam remuires that the hospital or attending physician, this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre		PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?		
	The or a cate r use eafth	- 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO NO NO NO NO NO NO NO		
	######################################		20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	osp cel cel thed		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PHYSICIAN: the hospita this certifi detached fo		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)		
	G the contract of the contract		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) While Not While at work at work at work		
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat		E #114 /2		
	OR ATTENDIN be retained h IRECTOR: Aft ge 3 should b		21. I certify that (I) (this hospital) attended the deceased from 19 to 10 mm, 19 that (I) (we) last saw the deceased alive on 2 to 19 to and that death occurred at 13 mm, from the causes and on the date stated above.		
	E ta E ta E		228 SIGNATURE 22b. DATE SIGNED		
	be sed v		M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS. DI 5/26/66		
	AL Dag	7	22c. PHYSICIAN'S 22d. ADDRESS		
	PIT 4 n ER/	1	NAME (Type) Ernest Rehm, M.D. Lexington Park, Maryland		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuires that the death or Page 4 may be retained by the hospital or attending physician. O FUNEAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify)		
	-		Burial 5/30/66 Calvary Cemetery Memphis, Tennessee 24. FUNERAL DIRECTORY ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE		
	VR A15 (4)		111V 0 1 1000 MI. 1 0		
	15M 4-64		P.B. Robinson - Leonardtown, Maryland MA 31 1966 guardes Judge.		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY STATE COUNTY St. Marys
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) t. Marys Marvland MARYLAND Department after death. funeral c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b may Two (2) month's Lexington Park Lexington. Park 55 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 3 to Page State hours NAS Station Hospital. PAXRIVMD Lot National railer PK YES NO X 2, and PM3. NAME OF DECEASED 3. Middle DATE Month Dav Year the 72 OF (Type or print) DEATH Patricia ROBINSON 19 66 Ann Mav 5. SEX (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE AGE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED lest birthdey) ages Months Davs Hours Female Caucasian WIDOWED DIVORCED

10a. USUAL OCCUPATION (Give kind of work done during most of working Ilie, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 1945 DIVORCED [Feb 18. Give Pa 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 63 U.S. -**Housewife** Minnesota pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Everetta M. WICHMAN ${f Fred}$ File | and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or unkown) | (If yes give war or dates of service) permit. I removal, ROBINSON (Husband) James same as Examiner's INTERVAL BETWEEN ONSET AND DEATH IMMediate 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] a burial-transit i PART I, DEATH WAS CAUSED BY: Cardiac Arrest IMMEDIATE CAUSE (e) "pending" Medical DUE TO Conditions, if any, which Congenital Heart Disease vears (b) gave rise to immediate DUE TO EXAMINER: This cert cate should cause (a), stating the 63 ed as a burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? ate, writing the forwarded to the YES X Sign NO [20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 0 p DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) should 1 ent, pri 3 shoul agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) certificate, factory, street, office bldg., etc.) Hour a.m. -, Not While cros. Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy K Inspection and in my opinion the cert DIRECTOR: Undetermined manner Natural causes) x # Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ge 4 syour execute r. Page 4 d for your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 0 Resurrection Cemetery St. P.
ADDRESS 25a. REC'D BY REGISTRAR Transit & Burial Paul, Minnesota 24. FUNERAL D VR ALSME (5) Robinson - Leonardtown, Maryland 5M 1/65



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	VEAND
- = Z	27506 CERTIFICATE OF DEATH	8947
hours after death. I in by the funeral s. Pages 1 and 2 hours after death.	PLACE OF DEATH S. COUNTY S. STATE D. COUNTY S. STATE D. COUNTY	nce before admission)
ter he s 1 fter	ST.MARYS MARYLAND MARYLAND ST.MAR	RYS
hours after 1 in by the fi s. Pages 1 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN C. LENGTH OF STAY IN 1b LEONARDTOWN LEONARDTOWN	give nearest town)
hod is	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
executed within 24 hours and completely filled in remove carbon papers.		ON A FARM? YES NO K
executed within and completely remove carbon any event, with	DECEASED	ay Year
d w car ent,	(Type or print) PIUS BENEDICT ROBINSON DEATH MAY	31 ¹⁹ 66
ute ove y ev	I last birthday Months Day	
and and and	MALE WHITE WIDOWED DIVORCED OCT.11.1915 50 yrs.	
ite be experient a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE COUNTY	EN OF WHAT
9 3 9 9	FUNERAL DIRECTOR FUNERAL MARYLAND USA	
is a second	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ding	ERNEST L. ROBINSON ANNIE MAY RIDGELL	
th ce	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
e death certi the attending it permit. To nation, or rem	NO 578 01 9579 ELLEN H. ROBINSON SAME AS #2	
at the deat ian. d by the at ransit pern cremation,		TERVAL BETWEEN
In. by by ansi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Processor from Called	NSET AND BEATH
that sicia letral	4 3-01 DUE TO P	' 4
The law requires that the death certificate be or attending physician. The attending physician tate has been signed by the attending physician use as the burial-transit permit. The place as the burial, cremation, or removal and latter prior to burial, cremation, or removal and latter than the prior to burial.	[conditions, if any, which] (allerge V.	Henris
required ding I ding I been the b	gave rise to immediate cause (a), stating the DUE TO	1
aw re ttendii has be as th prior	underlying cause last. (c) Truffy Uplanticularity	4 91
atten atten has se as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
	ICA ICA	YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	
the care		
PHYSICIA the hosp this cer detached e Dept. o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Part of factory, street, office bldg, etc.) (County)	(State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work at work	
ATTENDING retained by CTOR: After should be vith the Stat		that (I) (we) last
ATTENDII retained CTOR: Ai Should vith the S	saw the deceased alive of 1906, and that death occurred at 17 MM, from the causes and on the deceased alive of 1906, and that death occurred at 17 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and that death occurred at 170 MM, from the causes and on the deceased alive of 1906, and the 1906 MM.	
With Second	22a. SIGNATURE 22b. DATE	SIGNED
y be DIRE	White thorsaid M.D. ATTENDING MED. STAFF DIRECTOR PHYS. [] 6/2	166
ma ma	22c. PHYSICIAN'S NAME (Type) DATETED TO BEOCCUSANT AS D	
HOSPITAL Page 4 may FUNERAL director, pag should be fill	DAVID L.MOSSMAN M.D. MECHANICSVILLE, MARYLAND	
TO HOSPITAL OR ATTENIENT Page 4 may be retaine to FUNERAL DIRECTOR. director, page 3 should be filed with the	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) PLENOVAL (Specify) 6/3/66 ST. ALOYSTIS CEM. T.FON A POTOLOGY MARY	
		LAND
	24. FUNERAL DIRECTORY). USCAL ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
VR A15 (4)	JOHN M. WELCH - LEONARDTOWN, MARYLAND DAILUN 7' 1966 Achange	Judge
		10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. CDUNTY a. STATE ges 1 ST. MARY'S ST. MARY B hours after the MARYLAND MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b ò ve carbon papers. Pag event, within 72 hours GREAT MILLS LEONARDTOWN DAY RURAL E. filled d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE d. STREET ADDRESS ON A FARM? ST. MARY S HOSPITAL YES ND within etely NAME DE First Middle Last DATE Month Day Year DECEASED DF DEATH comple (Type or print) CECIL GEROME STRICKLAND MAY 2. 19 66 executed and con 6. CDLOR DR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) | Months Days Hours Ост.24,1909 WHITE WIDDWED DIVDRCED MALE 56 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate be U.S.A FARMING NORTH CAROLINE 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph гетоуа HELEN FRANCIS TAYLOR CYRUS M. STRICKLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND 17. INFORMANT Address permit. Ö (Yes, no, or unkown) (If yes give war or dates of service) death ion, No 216-18-536 MRS HELEN G.STRICKLAND GREAT MILLS, MARYLAND 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat crema ONSET AND DEATH ò PART I. DEATH WAS CAUSED BY attending physician. ファルクコ IMMEDIATE CAUSE (a Signed DUE TO Cenditions, If any, which (b) the bu gave rise to immediate DUE TD cause (a), stating the underlying cause last. has (c) MOI PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate PHYSICIAN: The the hospital or YES ND 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) o, ached OR CONTRIBUTING TO CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. CAL TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) MEDI Hour a.m. While After Id be d Not While ATTENDING p.m 19 at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 8.45M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page STAFF ATTENDING M.D. PHYS. DIRECTOR HOSPITAL age 4 may тау FUNERAL 220. PHYSICIAN'S 22d. ADDRESS director, should be pe NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) (State) 01 2 REMOVAL (Specify) BURIAL EBENEZER CEMETERY GREAT MILLS. MARYLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR RECISTRAR'S SIGNATURE 1966 VR AI5 W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND

20M 1/65

A TOTAL OF THE PARTY OF THE PAR with a view UNE JUNE MUTAL TAXABLE ALLEST HISTORY AND LA minazza (A Sz. mionazz - T1-3 348 a a a Carroll March Carro y of a half take of their of MANUAL PROPERTY CONTRACTOR OF THE STATE OF T SULLAN TAY TO THE TAY THE TAY THE SAY CHALVIAN , HIGTONIEDL YOLMITTA ERINARIA

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission), b. COUNTY Maryland Prince George St. Marys MARYLANO y is necessary, to the funeral age 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Clinton Golden Beach- Mechanicsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS ON A FARM? ay is 3 to 1 State 6407-Pinewood Dr. NO X Patuxent River YES de Month pue NAME OF First Middle DATE Year Last DECEASED 22 1966 RAYMOND D. WEST DEATH May (Type or print) 2 with AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Quys | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X after death. If B. Give Pages 20 male white WIDOWEO DIVORCEO .946 and a 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done I 10b. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY CDUNTRY? USA -School Bethesda, Maryland along Student pages 1 in any 24 hours a in Item 18. 13. FATHER'S NAME MOTHER'S MAIOEN NAME Joyce E. Rogers AL EXAMINER: This certificate should be executed within 24 hot the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office Ray C. and and Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEGURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) removal. permit. Rav C. West - same as no INTERVAL BETWEEN ONSET AND OEATH. 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, DUE TD Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating CQ. burial, underlying cause last (c) 83 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. used to but PERFORMEO? NO A YES pe OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS 0 PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. should Ē Sand 3 shou 20e, PLACE OF INJURY (Home, farm, (County) (State) MEDICAL 20d. INJURY OCCURREO 20f. (City or town) TIME OF INJURY Month, Day, Year 20c. factory, street, office bldg., etc.) Not While at work While aturent Bench 19 66 CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection T **Undetermined** manner FUNERAL DIRECTOR: Health or its design Accident K | Suicide Homicide death resulted from: Natural causes_ CHIEF MEDICAL EXAMINER execute the Page 4 your 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 5/23/66 DEPUTY MEDICAL EXAMINER **FXAMINER'S** director. retained Wm. D. Boyd. M.D. Leonandtownpwklanyhand NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION.I 23b. OATE THEREOF REMOVAL (Specify) of May rlington National Com. Arlington Virginia Burial 24. FUNERAL OIRECTOR Robert E. Wilhelm - Suitland, Maryland VR A15ME 3500 4-64

a equit and the contract of th definition and all the biograph when which TANK TOURS TOTAL THE STATE OF Control of the second of the s The County Count According to the second of the عه الم الوالي المالم And the state of t Acad and and a view of the content o